

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: SC
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/14/2004	APPLICANT IDENTIFIER 393705									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: State of South Carolina		Organizational Unit: Department of Health and Environmental Control										
Address (give city, county, state and zip code) 2600 Bull Street Columbia, SC 29201 County: Richland		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Sara Balcerak, MSN Tel Number: 803-898-0807										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">7</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">6</td></tr></table>		5	7	6	0	0	0	2	8	6	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
5	7											
6	0	0	0	2	8	6						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
9	3											
9	9	4										
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Statewide												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant 6th District	b. Project Statewide									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>12,133,794.00</u>											
b. Applicant	\$ <u>1,703,555.00</u>											
c. State	\$ <u>21,454,290.00</u>											
d. Local	\$ <u>3,022,090.00</u>											
e. Other	\$ <u>726,187.00</u>											
f. Program Income	\$ <u>41,144,871.00</u>											
g. TOTAL	\$ <u>80,184,787.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative Lisa F. Waddell, MD, MPH		b. Title Deputy Commissioner, Health Services	c. Telephone Number 803-898-0806									
d. Signature of Authorized Representative		e. Date Signed										

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: SC

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 12,133,794

A. Preventive and primary care for children:

\$ 6,007,966 (49.51%)

B. Children with special health care needs:

\$ 3,967,848 (32.7%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C. Title V administrative costs:

\$ 908,225 (7.49%)

(The above figure cannot be more than 10%) [Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 1,703,555

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 21,454,290

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 3,022,090

5. OTHER FUNDS (Item 15e of SF 424)

\$ 726,187

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 41,144,871

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 11,445,966

\$ 66,347,438

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 80,184,787

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 129,453

c. CISS: \$ 154,345

d. Abstinence Education: \$ 768,041

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 84,914,512

h. AIDS: \$ 585,340

i. CDC: \$ 845,000

j. Education: \$ 5,783,293

k. Other:

Family Planning \$ 5,596,566

Univ Newborn Hearing \$ 241,760

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 99,018,310

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 179,203,097

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: SC

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 11,846,832	\$ 11,411,574	\$ 12,047,011	\$ 0	\$ 12,133,794	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 402,413	\$ 88,404	\$ 945,481	\$ 0	\$ 1,703,555	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 24,064,026	\$ 22,376,755	\$ 23,530,606	\$ 0	\$ 21,454,290	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 3,019,928	\$ 2,333,578	\$ 3,320,687	\$ 0	\$ 3,022,090	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 941,339	\$ 238,065	\$ 498,163	\$ 0	\$ 726,187	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 35,925,114	\$ 35,660,588	\$ 41,551,061	\$ 0	\$ 41,144,871	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 76,199,652	\$ 72,108,964	\$ 81,893,009	\$ 0	\$ 80,184,787	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 89,984,435	\$ 98,984,707	\$ 101,490,250	\$ 0	\$ 99,018,310	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 166,184,087	\$ 171,093,671	\$ 183,383,259	\$ 0	\$ 179,203,097	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: SC

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 12,512,694	\$ 11,769,475	\$ 11,972,698	\$ 12,062,414	\$ 11,865,039	\$ 11,437,037
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 1,914,922	\$ 861,524	\$ 1,369,501	\$ 307,622	\$ 863,970	\$ 519,500
3. State Funds <i>(Line3, Form 2)</i>	\$ 15,037,466	\$ 25,805,605	\$ 25,732,339	\$ 25,663,856	\$ 25,821,440	\$ 22,256,531
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 12,005,909	\$ 2,617,377	\$ 2,808,369	\$ 2,639,754	\$ 2,961,928	\$ 2,639,626
5. Other Funds <i>(Line5, Form 2)</i>	\$ 474,704	\$ 169,043	\$ 1,660,254	\$ 1,703,853	\$ 943,851	\$ 843,123
6. Program Income <i>(Line6, Form 2)</i>	\$ 33,323,582	\$ 33,860,869	\$ 34,850,050	\$ 31,801,556	\$ 32,000,555	\$ 33,302,215
7. Subtotal <i>(Line8, Form 2)</i>	\$ 75,269,277	\$ 75,083,893	\$ 78,393,211	\$ 74,179,055	\$ 74,456,783	\$ 70,998,032
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 84,541,558	\$ 81,568,791	\$ 87,298,940	\$ 100,893,626	\$ 86,904,457	\$ 100,262,223
9. Total <i>(Line11, Form 2)</i>	\$ 159,810,835	\$ 156,652,684	\$ 165,692,151	\$ 175,072,681	\$ 161,361,240	\$ 171,260,255
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2002
Field Note:
The unobligated budgeted amount was estimated before the close of the fiscal year. Additional expenditures occurred in FY 2001 which resulted in less funds being available for the FY 2002 budget.
- 2. Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
- 3. Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
The primary reason for for the reduction in expenditures was due to state budget reductions.
- 4. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2002
Field Note:
State budget reductions resulted in redirection of some local funds previously used for MCH related efforts.
- 5. Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2003
Field Note:
Shift in source of funds expended.
- 6. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2002
Field Note:
As with local funds, state budget reductions resulted in redirection of some other funds previously used for MCH related efforts.
- 7. Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2003
Field Note:
Shift in source of funds expended.
- 8. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
Additional \$9m identified in WIC.
- 9. Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2003
Field Note:
Shift in source of funds expended.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: SC

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 9,128,917	\$ 2,293,340	\$ 9,814,027	\$ 0	\$ 2,552,580	\$ 0
b. Infants < 1 year old	\$ 5,153,518	\$ 2,953,071	\$ 5,540,281	\$ 0	\$ 5,285,316	\$ 0
c. Children 1 to 22 years old	\$ 16,212,644	\$ 16,734,070	\$ 17,429,374	\$ 0	\$ 16,627,272	\$ 0
d. Children with Special Healthcare Needs	\$ 13,429,634	\$ 18,353,230	\$ 14,437,504	\$ 0	\$ 20,427,890	\$ 0
e. Others	\$ 31,413,255	\$ 30,867,028	\$ 33,770,764	\$ 0	\$ 34,356,258	\$ 0
f. Administration	\$ 861,684	\$ 908,225	\$ 901,059	\$ 0	\$ 935,471	\$ 0
g. SUBTOTAL	\$ 76,199,652	\$ 72,108,964	\$ 81,893,009	\$ 0	\$ 80,184,787	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 90,300	\$ 100,000	\$ 129,453
c. CISS	\$ 100,000	\$ 112,600	\$ 154,345
d. Abstinence Education	\$ 811,757	\$ 811,757	\$ 768,041
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 77,455,623	\$ 87,847,345	\$ 84,914,512
h. AIDS	\$ 500,340	\$ 560,340	\$ 585,340
i. CDC	\$ 1,010,279	\$ 1,070,016	\$ 845,000
j. Education	\$ 4,939,410	\$ 5,557,240	\$ 5,783,293
k. Other			
Family Planning	\$ 0	\$ 0	\$ 5,596,566
Univ Newborn Hearing	\$ 123,256	\$ 121,000	\$ 241,760
Fam Planning Title X	\$ 0	\$ 5,309,952	\$ 0
Dept Transportation	\$ 56,002	\$ 0	\$ 0
Title X	\$ 4,897,468	\$ 0	\$ 0
III. SUBTOTAL	\$ 89,984,435	\$ 101,490,250	\$ 99,018,310

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: SC

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 9,267,777	\$ 7,147,036	\$ 6,107,306	\$ 8,886,123	\$ 7,086,743	\$ 8,494,954
b. Infants < 1 year old	\$ 4,176,757	\$ 3,365,209	\$ 5,789,565	\$ 3,119,685	\$ 5,365,593	\$ 2,982,356
c. Children 1 to 22 years old	\$ 18,412,518	\$ 19,069,241	\$ 18,213,606	\$ 17,678,218	\$ 16,879,599	\$ 16,900,019
d. Children with Special Healthcare Needs	\$ 21,384,315	\$ 20,604,022	\$ 23,551,472	\$ 13,072,457	\$ 20,430,207	\$ 12,497,002
e. Others	\$ 21,138,860	\$ 24,151,056	\$ 23,870,613	\$ 30,577,783	\$ 23,947,312	\$ 29,231,740
f. Administration	\$ 889,050	\$ 747,329	\$ 860,649	\$ 844,789	\$ 747,329	\$ 891,961
g. SUBTOTAL	\$ 75,269,277	\$ 75,083,893	\$ 78,393,211	\$ 74,179,055	\$ 74,456,783	\$ 70,998,032

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 95,000	\$ 100,000
c. CISS	\$ 0	\$ 72,500	\$ 100,000
d. Abstinence Education	\$ 811,757	\$ 811,757	\$ 811,757
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 73,809,766	\$ 75,485,843	\$ 74,674,113
h. AIDS	\$ 300,000	\$ 460,340	\$ 621,742
i. CDC	\$ 657,588	\$ 931,808	\$ 710,031
j. Education	\$ 4,548,485	\$ 4,638,845	\$ 4,752,400
k. Other			
Public Safety	\$ 0	\$ 0	\$ 311,800
Strength Comp School Hlth	\$ 0	\$ 0	\$ 78,440
Title X	\$ 4,313,962	\$ 4,600,763	\$ 4,634,174
Unic Newborn Hearing	\$ 0	\$ 0	\$ 110,000
SC Dept. of Public Safety	\$ 0	\$ 173,800	\$ 0
University of SC	\$ 0	\$ 28,284	\$ 0
III. SUBTOTAL	\$ 84,541,558	\$ 87,298,940	\$ 86,904,457

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
Increase in expenditures associated with the High Risk Perinatal Program. South Carolina has seen a significant increase in the migrant population resultin in redirection of resources to pay for these services.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
Increase in expenditures associated with the High Risk Perinatal Program. South Carolina has seen a significant increase in the migrant population resultin in redirection of resources to pay for these services.
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
Increase in expenditures associated with the High Risk Perinatal Program. South Carolina has seen a significant increase in the migrant population resultin in redirection of resources to pay for these services.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
- 7. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2002
Field Note:
Increase in WIC expenditures.
- 8. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
Principal reason for increase was state budget cuts. Staff were redirected to federal and other sources of funds which carry higher indirect rates resulting in higher administration costs.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: SC

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 50,284,150	\$ 13,325,737	\$ 52,542,555	\$ 0	\$ 14,818,149	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 18,333,636	\$ 56,807,442	\$ 22,168,438	\$ 0	\$ 63,169,575	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,303,014	\$ 389,388	\$ 1,375,803	\$ 0	\$ 432,998	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,278,852	\$ 1,586,397	\$ 5,806,213	\$ 0	\$ 1,764,065	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 76,199,652	\$ 72,108,964	\$ 81,893,009	\$ 0	\$ 80,184,787	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: SC

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 36,558,288	\$ 38,375,378	\$ 39,094,694	\$ 48,950,758	\$ 38,054,862	\$ 45,552,337
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 33,750,744	\$ 31,790,520	\$ 34,720,353	\$ 17,847,481	\$ 31,525,002	\$ 19,219,167
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 730,112	\$ 773,364	\$ 1,426,756	\$ 1,268,462	\$ 766,905	\$ 1,192,767
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 4,230,133	\$ 4,144,631	\$ 3,151,408	\$ 6,112,354	\$ 4,110,014	\$ 5,033,761
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 75,269,277	\$ 75,083,893	\$ 78,393,211	\$ 74,179,055	\$ 74,456,783	\$ 70,998,032

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
Increase in High Risk Perinatal Program costs.
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
3. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
Redirection of efforts to other pyramid levels.
4. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
5. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
Increase in Oral Health and Newborn Screening efforts.
6. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.
7. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
Redirection of efforts from other pyramid levels.
8. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2003
Field Note:
Variation is the result of MCH workgroup reviewing and updating pyramid categories.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: SC

Total Births by Occurrence: 52,162

Reporting Year: 2002

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	51,640	99	25	3	3	100
Congenital Hypothyroidism	51,640	99	1,743	22	22	100
Galactosemia	51,640	99	260	1	1	100
Sickle Cell Disease	51,640	99	70	68	68	100
Other Screening (Specify)						
Hemoglobinopathies	51,640	99	85	74	70	94.6
Sickle Cell Trait	51,640	99	1,539	0	0	
Congenital Adrenal Hyperplasia (CAH)	51,640	99	339	1	1	100
Medium Chain AcylCo-A Dehydrogenase (MCAD)	51,640	99	266	2	2	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
- (2) Report only those from resident births.
- (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2005
Field Note:
All percents are to be considered estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.
- 2. Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2005
Field Note:
All percents are to be considered estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.
- 3. Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2005
Field Note:
All percents are to be considered estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.
- 4. Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2005
Field Note:
All percents are to be considered estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.
- 5. Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2005
Field Note:
All percents are to be considered estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.
- 6. Section Number:** Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2005
Field Note:
Values 0 to be considered as not available.
All percents are to be considered an estimates.
Can not match NB lab screenings to VR.
Denominator: Total Births by Occurrence.
Numerator: This number is estimated as $0.99 * \text{Total Births (Occurrence)}$
Data is for Calendar Year.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: SC

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	19,212	100.0				
Infants < 1 year old	26,632	77.0				23.0
Children 1 to 22 years old	130,577	63.0				37.0
Children with Special Healthcare Needs	10,944	81.0		2.9		16.1
Others	116,748	58.0				42.0
TOTAL	304,113					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Programmatic data.
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Programmatic data.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Programmatic data.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2005
Field Note:
Programmatic data.
5. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005
Field Note:
Programmatic data.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: SC

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	51,351	32,849	17,386	167	808	10	0	131
Title V Served	19,212	9,414	9,510	0	0	0	0	288
Eligible for Title XIX	25,589	11,047	12,089	46	0	0	0	2,407
INFANTS								
Total Infants in State	53,300	33,378	18,991	0	0	0	0	931
Title V Served	26,632	11,319	13,041	47	180	37	0	2,008
Eligible for Title XIX	33,907	13,899	15,874	42	0	0	0	4,092

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	48,190	3,150	11	2,223	26	152	486	263
Title V Served	17,291	1,921	0	0	0	0	0	0
Eligible for Title XIX	25,589	1,630	23,959	1,104	2	61	0	463
INFANTS								
Total Infants in State	52,045	1,902	0	0	0	0	0	0
Title V Served	24,663	1,969	0	0	0	0	0	0
Eligible for Title XIX	33,907	2,416	31,491	1,470	9	78	0	859

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2005
Field Note:
The data in this row is for 2002. Data for 2003 is not available .
(Occurrence data for SC) Data source: Div. of Biostatistics
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_AsiAn
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2005
Field Note:
This category includes "Other pacific Islander" because in VR database the race category is "Asian and Other Pacific Islander"
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Data is for 2003 reporting year
Programmatic data.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Data provided by Medicaid.
Data is for FY 2003.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_AsiAn
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2005
Field Note:
Not available
6. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2005
Field Note:
Not available
7. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2005
Field Note:
Not available
8. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2005
Field Note:
The data in this row is for 2002. Data for 2003 is not available.
Source: Population module, SCAN.
9. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2005
Field Note:
Programmatic data.
10. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
Data provided by Medicaid.
Data is for FY2003
11. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_AsiAn
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2005

Field Note:
Not available

12. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2005
Field Note:
Not available
13. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2005
Field Note:
Not available
14. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Programmatic data. Data is for FY2003.
Data is not available for these sub-categories.
15. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Data is not available for these sub-categories.
16. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2005
Field Note:
Data is not available for these sub-categories.
17. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2005
Field Note:
Data is not available for these sub-categories.
18. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2005
Field Note:
Data is not available for these sub-categories.
19. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2005
Field Note:
Data is not available for these sub-categories.
20. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2005
Field Note:
Data is not available for these sub-categories.
21. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data provided by Medicaid
Data is for FY2003.
22. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2005
Field Note:
not available
23. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State

- Column Name:** Total Not Hispanic or Latino
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
24. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
25. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
26. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
27. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
28. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
29. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
30. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2005
Field Note:
The data provided is for 2000. Source : Census data.
Data for the sub-categories is not available.
31. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalNotHispanic
Row Name: Title V Served
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
Data provided in this row is for 2003.
The sub-categories data is not available.
Programmatic data
32. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2005
Field Note:
Data provided in this row is for 2003. The sub-categories data is not available
33. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2005
Field Note:
Data provided in this row is for 2003. The sub-categories data is not available
34. **Section Number:** II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_Mexican

Row Name: Title V Served

Column Name: Mexican

Year: 2005

Field Note:

Data provided in this row is for 2003. The sub-categories data is not available

35. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_Cuban

Row Name: Title V Served

Column Name: Cuban

Year: 2005

Field Note:

Data provided in this row is for 2003. The sub-categories data is not available

36. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_PuertoRican

Row Name: Title V Served

Column Name: Puerto Rican

Year: 2005

Field Note:

Data provided in this row is for 2003. The sub-categories data is not available

37. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_CentralAmerican

Row Name: Title V Served

Column Name: Central and South American

Year: 2005

Field Note:

Data provided in this row is for 2003. The sub-categories data is not available

38. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2005

Field Note:

Data provided in this row is for 2003. The sub-categories data is not available

39. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2005

Field Note:

Data provided by Medicaid.

Data is for FY2003.

40. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2005

Field Note:

Not available.

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: SC

1. State MCH Administration:
(max 2500 characters)

The South Carolina Title V Maternal and Child Health Services Block Grant Program is coordinated through the Bureau of Maternal and Child Health, Health Services, Department of Health and Environmental Control (DHEC). This Bureau provides the leadership and coordination of the overall MCH activities in DHEC. Other programs within the administrative control of the Bureau include WIC, Family Planning (Title X), and the Individuals with Disabilities Act - IDEA (BabyNet) for children 0-3. Roles of the Title V program include developing policies, plans and programs to improve the health of women, infants, children, children with special health care needs, adolescents and families in South Carolina. Responsibility for conducting a statewide assessment of needs every year is led by the Division of MCH Epidemiology, Bureau of Epidemiology, Health Services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 12,133,794
3. Unobligated balance (Line 2, Form 2)	\$ 1,703,555
4. State Funds (Line 3, Form 2)	\$ 21,454,290
5. Local MCH Funds (Line 4, Form 2)	\$ 3,022,090
6. Other Funds (Line 5, Form 2)	\$ 726,187
7. Program Income (Line 6, Form 2)	\$ 41,144,871
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 80,184,787

9. Most significant providers receiving MCH funds:

<u>Richland Memorial Hospital</u>
<u>Greenville Hospital System</u>
<u>Medical University of South Carolina</u>
<u>University of South Carolina</u>

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	19,212
b. Infants < 1 year old	26,632
c. Children 1 to 22 years old	130,577
d. CSHCN	10,944
e. Others	116,748

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Partnership efforts to promote medical homes for all children have been ongoing since 1991. In these partnerships, the Medical Home provides the medical care and the public health department staff provide whatever is needed to enhance and augment the medical home. All partnerships are designed to fit the need of the local community but all are based on the delivery of Family Support Services, a system of interdisciplinary providers who support the families toward appropriate use of primary care and the practice of healthier behaviors. Pediatric sub-specialist Partnerships: Thirty partnerships with pediatric sub-specialists have been developed throughout the state that are patterned after an earlier successful model with Shriners Hospital. CSNCN Medical Home Initiative: One of only 12 states, SC in partnership with MCHB, American Academy of Pediatrics, Family Connections, and the Medicaid agency is increasing the numbers of medical homes, and providing training for physicians and parents. Palmetto Children's Clinic: A project between CSHCN and Richland Memorial Hospital that provides a medical home for children with special needs. Outcomes include increased Medicaid visits and immunization rates, and decreased hospitalizations.

b. Population-Based Services:
(max 2500 characters)

Immunization Campaign: Through extensive outreach efforts, working in tandem with partners in the private sector, and screening of immunization status of the WIC population, SC has maintained a high level of childhood immunization (87.1 percent in the latest survey, Spring, 2001). Childhood Lead Poisoning Prevention: A statewide lead advisory committee provides direction for targeting program efforts and Central Office staff provide technical assistance to local health departments and the community relative to lead screening and awareness. Effective, January 2004, screening will be assured in the medical home. Newborn Screening, Tracking, and Follow-up: In 2002, CSHCN initiated a statewide newborn hearing screening program. All 48 birthing hospitals are screening more than 95% of infants. Women & Children's Services maintains a statewide registry of patients with congenital metabolic disorders, monitors laboratory tests, makes recommendations for follow-up, and refers clients to CSHCN to determine genetic testing and treatment eligibility. During 2003, the state expanded the test panel.

c. Infrastructure Building Services:
(max 2500 characters)

Oral Health: Through partnerships, this Division has developed a statewide plan, conducted a public awareness campaign, increased Medicaid providers, and conducted a cost effective oral health needs assessment of public school children. The Division is establishing a comprehensive integrated statewide oral health surveillance system, has provided grant support for replacement of defective fluoridation equipment, and is conducting grassroots community meetings to identify community specific oral health improvement plans. Title V Designation to the Schools: Through a partnership with the DOE, schools receive needed training to provide Title V services and bill Medicaid. During school year 2003-2004, 56 of 85 school districts executed contracts.

12. The primary Title V Program contact person:

Name Sara Balcerek, MSN

13. The children with special health care needs (CSHCN) contact person:

Name Kevin Smith, MPH

Title MCH Bureau Director
Address SC Department of Health and Environmental ControlBo
City Columbia
State SC
Zip 29211
Phone (803) 898-0807
Fax (803) 898-2065
Email balcersw@dhec.sc.gov
Web

Title Interim Director, Division of CSHCN
Address SC Department of Health and Environmental ControlBo
City Columbia
State SC
Zip 29211
Phone (803) 898-0599
Fax (803) 898-0613
Email smithkl@dhec.sc.gov
Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: SC

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	99	99	99	99	99
Annual Indicator	99.0	99.0	99.0	99.0	
Numerator	52,063	53,026	52,723	51,640	
Denominator	52,589	53,562	53,255	52,162	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective			65	65	65
Annual Indicator			61.2	24.8	83.6
Numerator			336	204	905
Denominator			549	821	1,082
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	87	90	95	95
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	90	92	94	95	95
Annual Indicator	88.5	96.3	88.2	88.2	
Numerator	893	234	94,632	94,632	
Denominator	1,009	243	107,326	107,326	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	95	95
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	90	92	93	94	95
Annual Indicator	89.4	92.0	92.0	91.3	88.0
Numerator	11,337	10,961	10,963	10,626	9,636
Denominator	12,683	11,914	11,918	11,633	10,944
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	90	92	95	95	95
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	75	75	80
Annual Indicator	_____	_____	73.8	72.1	76.5
Numerator	_____	_____	336	592	828
Denominator	_____	_____	455	821	1,082
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	85	88	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	11	20	25
Annual Indicator	_____	_____	7.1	5.8	90.0
Numerator	_____	_____	101	32	974
Denominator	_____	_____	1,423	548	1,082
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	30	30	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator	<u>89.0</u>	<u>87.7</u>	<u>87.1</u>	<u>NaN</u>	<u>NaN</u>
Numerator	<u>90,237</u>	<u>92,850</u>	<u>93,375</u>	<u>0</u>	<u>0</u>
Denominator	<u>101,390</u>	<u>105,872</u>	<u>107,205</u>	<u>0</u>	<u>0</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>38</u>	<u>36</u>	<u>34.4</u>	<u>28</u>	<u>27</u>
Annual Indicator	<u>36.5</u>	<u>33.6</u>	<u>29.9</u>	<u>28.7</u>	<u>NaN</u>
Numerator	<u>3,048</u>	<u>2,915</u>	<u>2,625</u>	<u>2,379</u>	<u>0</u>
Denominator	<u>83,511</u>	<u>86,750</u>	<u>87,802</u>	<u>83,016</u>	<u>0</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>23</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	45	45	45	45	25
Annual Indicator	51.4	10.6	13.9	19.6	27.4
Numerator	27,524	6,252	9,026	2,134	3,518
Denominator	53,549	58,872	64,739	10,870	12,856
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	30	35	40	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.8	7.4	7.4	6.5	6.5
Annual Indicator	8.4	6.6	6.3	6.9	NaN
Numerator	62	52	50	52	0
Denominator	740,531	787,470	797,316	758,725	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6.5	6.5	6.4	6.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	35	37	35	50	50
Annual Indicator	49.2	48.2	52.7	0.0	0.0
Numerator	24,192	23,164	25,522	0	0
Denominator	49,148	48,089	48,429	1	1
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	40	60	77	98	99
Annual Indicator	43.3	41.2	95.0	98.4	98.1
Numerator	22,705	23,299	37,042	49,210	50,516
Denominator	52,457	56,563	38,990	50,010	51,488
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	13	13	12.3	12	10
Annual Indicator	13.5	12.7	9.9	6.9	NaN
Numerator	141,210	128,000	101,000	69,000	0
Denominator	1,046,000	1,009,641	1,016,000	998,000	0
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	82	88	96	85	85
Annual Indicator	87.5	87.3	83.0	83.6	NaN
Numerator	295,171	306,616	343,105	349,503	0
Denominator	337,364	351,362	413,153	418,000	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	85	85	85	85	85
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.7	1.9	1.9	1.8	1.7
Annual Indicator	2.0	2.0	1.9	1.9	NaN
Numerator	1,121	1,107	1,056	1,055	0
Denominator	54,706	55,964	55,748	54,453	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.7	1.7	1.7	1.7	1.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.8	7.8	7.3	6	6
Annual Indicator	10.2	6.1	6.0	6.3	NaN
Numerator	29	18	18	18	0
Denominator	283,583	295,380	298,977	283,834	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	74	78	77.5	78	78.5
Annual Indicator	77.4	77.1	77.1	80.0	NaN
Numerator	821	800	755	793	0
Denominator	1,061	1,037	979	991	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	82	84	86	88	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	85	82.8	80	81	80
Annual Indicator	79.4	78.6	78.5	77.7	NaN
Numerator	43,416	43,982	43,739	42,290	0
Denominator	54,706	55,964	55,748	54,453	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	82	84	86	88	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

The percentage of Medicaid newborns in the state receiving a home visit.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	75	72	67	68	70
Annual Indicator	56.5	58.0	60.4	53.0	50.8
Numerator	13,656	14,313	14,092	13,865	13,323
Denominator	24,168	24,671	23,349	26,150	26,210
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	62	64	66	68
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of women giving birth in the state whose pregnancy was unintended

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	45	44	44	45	45
Annual Indicator	44.5	47.3	48.2	0.0	0.0
Numerator	21,445	23,731	24,339	0	0
Denominator	48,229	50,209	50,496	1	1
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	45	45	45	45	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

The number of school districts that are designated as Title V Providers. (Revised 2004)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective				70	76
Annual Indicator				65.9	77.6
Numerator				56	66
Denominator				85	85
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

The state has a childhood injury prevention program in place

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	46.2	53.8	53.8	69.2	91.7
Numerator	6	7	7	9	11
Denominator	13	13	13	13	12
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

Percent of adolescents who smoke

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		34	32	27	27
Annual Indicator	36.0	36.0	27.6		
Numerator	1,555	1,555	858		
Denominator	4,319	4,319	3,106		
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	27	27	27	27	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

To implement in at least three health districts the comprehensive risk assessment form for prenatals presenting to the health department for services. (Revised 2004)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective					30.1
Annual Indicator				7.7	33.3
Numerator				1	4
Denominator				13	12
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	75	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Maintain continuation rates for DHEC Family Planning clients to at least 85 percent. (Revised 2004)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective		50	50	85	85
Annual Indicator		37.0	50.0	87.7	86.3
Numerator		17	23	72,163	71,346
Denominator	46	46	46	82,306	82,702
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	88	88	90	90	90
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
Data is not available for 2003.
These numbers are estimates; NBS can not match up with VR.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is Programmatic data from Record reviews.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available yet.
Source: State data warehouse.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is Programmatic data from Record reviews.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is Programmatic data from Record reviews.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is Programmatic data from Record reviews.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
Data from our State Survey for 2002 is not available yet.
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
Data is not available for 2003
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
The provider of the data (Oral Health) cautions that the numbers for 2003 can be biased, because the data is from school based programs for sealants.
10. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available.
This measure is for age group 1-14.
The numerator and denominator for year 1999 were changed to reflect the correct numbers for this age group. Values "0" to be considered as "not available"
11. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:

The reported data is for "mothers who breast-fed for more than one week"-SC PRAMS data. Prams data is available only till year 2001. 2002 will be available after December 2004.

The values of "0" to be considered "not available".

12. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
The data is provided from Census Bureau, CPS . Numbers are estimated.
Data for 2003 is not available.
13. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
The number in the numerator excludes those children who were SCHIP eligible at any point in State Fiscal Year 2002
Data for 2003 is not available.
14. **Section Number:** Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
15. **Section Number:** Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available till spring 2005
16. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available till spring 2005
17. **Section Number:** Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available.
18. **Section Number:** State Performance Measure #1
Field Name: SM1
Row Name:
Column Name:
Year: 2005
Field Note:
Data provided by Medicaid
19. **Section Number:** State Performance Measure #2
Field Name: SM2
Row Name:
Column Name:
Year: 2005
Field Note:
Data source: PRAMS. Data for 2002 and 2003 is not available
The values of "0" and "1" are used only to be able to save the form.
20. **Section Number:** State Performance Measure #6
Field Name: SM6
Row Name:
Column Name:
Year: 2005
Field Note:
The latest available data for SC adolescents who smoke is for 2001. The YRBS survey conducts every 2 years, therefore we use the data for 2001 again in 2002.
21. **Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2005
Field Note:
Programmatic data.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: SC

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.2	9.5	7.1	7	8
Annual Indicator	10.3	8.7	8.9	9.3	
Numerator	564	488	496	507	
Denominator	54,706	55,964	55,748	54,453	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8	8	8	7	7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.3	2.3	2.5	2.5	2.6
Annual Indicator	2.4	2.6	2.6	2.7	
Numerator	16.4	14.2	14.9	15.9	
Denominator	6.8	5.5	5.8	5.9	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.6	2.6	2.6	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.6	6.8	6.5	6.4	6.4
Annual Indicator	7.2	6.1	6.0	6.4	
Numerator	394	340	337	346	
Denominator	54,706	55,964	55,748	54,453	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.4	6.4	6.3	6.3	6.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.5	2.8	2.5	2.5	2.4
Annual Indicator	3.1	2.6	2.9	3.0	
Numerator	170	148	159	161	
Denominator	54,706	55,964	55,748	54,453	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.3	2.2	2.1	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14.6	15	14.1	13.8	9.1
Annual Indicator	9.7	8.8	8.8	9.1	
Numerator	537	498	495	501	
Denominator	55,232	56,537	56,307	54,976	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	9.1	9	9	9	9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	29	29.6	25.5	24	27.2
Annual Indicator	30.1	24.9	26.8	27.2	
Numerator	223	196	214	206	
Denominator	740,521	787,470	797,316	758,725	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	23	23	23
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
Data is not available till end of the year.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
Data is not available for 2003
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available
5. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2005
Field Note:
Data is not available for 2003.
The data from last year's report for 1999 and 2000 appears wrong, so the data for these two reporting years is changed.
6. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: SC

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

2

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 16

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: SC FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase access to quality risk appropriate care for women, infants and children, including CSHCN.
2. Improve the nutritional status of women, infants and children, including CSHCN.
3. Increase access to preconceptional and interconceptional care.
4. Reduce preventable injuries in the state among the MCH populations.
5. Increase access for women, infants, children, including CSHCN, to enabling, family support services.
6. Decrease the use of illegal and legal substances among the MCH populations.
7. Increase access to newborn home visits.
8. Reduce the percentage of births reported to be unintended.
9. Improve the quality and availability of health and health education services in school settings.
10. Ensure there is a transitional program in place statewide for CSHCN, for those children aging out of the program.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

**FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: SC

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	SC has not identified any technical assistance needs at this time.	N/A	N/A
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: SC

SP # 1

PERFORMANCE MEASURE:

The percentage of Medicaid newborns in the state receiving a home visit.

STATUS:

Active

GOAL

To increase the percentage of Medicaid newborns in the state receiving a home visit.

DEFINITION

Number of home visits provided to Medicaid infants.

Numerator:

Number of infants who received a newborn home visit, resulting in a service paid for by Medicaid during the state fiscal year.

Denominator:

Number of Medicaid newborn infants who have received a newborn home visit service paid by Medicaid during the same state fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The State Medicaid program.

SIGNIFICANCE

South Carolina is committed to ensure that its mothers are equipped with the most needed parenting skill as early as possible. By visiting the new moms at their home, the mother will be more comfortable to ask questions that she had not had a chance to at the birthing place. A home visit staff person provides preventive care including health promotion and education.

SP # 2

PERFORMANCE MEASURE:

Percent of women giving birth in the state whose pregnancy was unintended

STATUS:

Active

GOAL

Decrease the percentage of women delivering a baby in a given year who report that their pregnancy was unintended.

DEFINITION

Percentage of women who report that their pregnancy was unintended.

Numerator:

Number of women responding that they wanted to be pregnant later or did not want to be pregnant then or at any time in the future.

Denominator:

Number of women surveyed.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SC PRAMS survey of resident mothers delivering a live infant. Approximately 3000 women are surveyed each year. Denominator and numerator data are weighted by the CDC.

SIGNIFICANCE

Unintended pregnancies adversely impact maternal behaviors during pregnancy. Women with unintended pregnancies start prenatal care later, smoke and drink alcohol more, and suffer more from abuse. Unintended pregnancies are highest among teens, women with less than a high school education, Medicaid mothers, and women living in poverty.

SP # 3

PERFORMANCE MEASURE:

The number of school districts that are designated as Title V Providers. (Revised 2004)

STATUS:

Active

GOAL

To increase the proportion of school districts that are designated as Title V providers. Title V designation will hopefully increase school revenue that will result in the employment of more school nurses.

DEFINITION

Percent of school districts that are designated.

Numerator:

Number of school districts with contracts that designate them as Title V providers.

Denominator:

85, the number of school districts in the state

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Number of contracts.

SIGNIFICANCE

Schools can play a strong role in ensuring that children have access to needed primary care services. Health education in the schools can positively impact the behavior of children as they develop life long attitudes toward their own health and well being. This measure is part of a core public health assurance role for the health department.

SP # 4

PERFORMANCE MEASURE:

The state has a childhood injury prevention program in place

STATUS:

Active

GOAL

The state will have a childhood injury prevention program in place in every Health District.

DEFINITION

Implementation of any initiative/project seeking to prevent and/or reduce the incidence of injury resulting from falls, fire/flames, motor vehicle crashes, drownings, poisonings collectively in the state. These activities are guided by DHEC, Division of Injury and Disability Prevention. As funding becomes available to hire additional staff and support ongoing prevention strategies, the program definition/standard will become more comprehensive.

Numerator:

Number of Health Districts engaged in injury prevention initiatives/projects specific to an injury cause during the year that include an intentional injury component and which addresses more than one MCH population--self reported from District MCH plans.

Denominator:

12, the number of Public Health Districts in the state.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH District plans.

SIGNIFICANCE

Unintentional injury is the leading cause of death among children ages 1-19 in South Carolina and the leading cause of potential life loss. This state performance measure is broad and provides the capacity for multi factorial local injury prevention efforts to be driven by local data and sensitive to local resource availability.

SP # 6

PERFORMANCE MEASURE:

Percent of adolescents who smoke

STATUS:

Active

GOAL

Decrease the proportion of high school students who smoke.

DEFINITION

Measure looks at self-reported data among high school students who attend public schools in the state, selected randomly to complete a survey.

Numerator:

Number of students responding that they had smoked cigarettes on one or more of the past 30 days.

Denominator:

Number of students responding to the survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey administered by the Department of Education, South Carolina. Only surveys public school high school students. Self-reported questionnaire.

SIGNIFICANCE

Tobacco use and addiction usually begin in adolescence. Tobacco use may also increase the probability that an adolescent will use other drugs. Tobacco use among adolescents increased in the 1990's nationwide, a serious public health problem.

SP # 7

PERFORMANCE MEASURE:

To implement in at least three health districts the comprehensive risk assessment form for prenatal presenting to the health department for services. (Revised 2004)

STATUS:

Active

GOAL

Increase the proportion of districts that perform comprehensive risk assessments for prenatal and follow up to ensure that they are linked to a OB provider.

DEFINITION

Health districts are performing the risk assessments using the Prenatal Risk Scoring form and providing follow up services through appointment confirmations.

Numerator:

Number of health districts who are performing risk assessments using the Prenatal Risk Scoring form and providing follow up services through appointment confirmations

Denominator:

12, the number of health districts in the state

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

District MCH plans, program reviews by state staff, and self-reports.

SIGNIFICANCE

There has been a tremendous shift in the provision of prenatal care in the state over the last 10 years. At one time, DHEC provided prenatal care in all counties, and now provides care in only two (2) of 46 counties. Despite this shift, first trimester entry has continued to increase, a tribute to the strong systems work going on in public health. However, DHEC continues to have an assurance role that goes beyond first trimester entry, to look at adequacy of care, and to ensure that barriers are being removed which will enable all women to not only access care in a timely manner, but in a way that is culturally appropriate, and which is based on a risk assessment.

SP # 9

PERFORMANCE MEASURE:

Maintain continuation rates for DHEC Family Planning clients to at least 85 percent. (Revised 2004)

STATUS:

Active

GOAL

85 percent continuation rate by DHEC Family Planning clients.

DEFINITION

This measure refers to DHEC Family Planning clients and the goal of these clients to continue a chosen method of birth control.

Numerator:

Number of active DHEC Family Planning clients.

Denominator:

Number of active plus delinquent DHEC Family Planning clients.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Family Planning data system.

SIGNIFICANCE

Family Planning clients who continue using a contraceptive method are less likely to become pregnant until they desire to.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

1. **Section Number:** State Performance Measure 7
Field Name: SPM7
Row Name:
Column Name:
Year: 2005
Field Note:

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: SC

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>106.1</u>	<u>77.3</u>	<u>58.9</u>	<u>61.5</u>	<u>72.3</u>
Numerator	<u>2,688</u>	<u>2,046</u>	<u>1,562</u>	<u>1,633</u>	<u>1,928</u>
Denominator	<u>253,463</u>	<u>264,679</u>	<u>265,100</u>	<u>265,600</u>	<u>266,500</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>78.6</u>	<u>78.8</u>	<u>78.2</u>	<u>77.3</u>	<u>76.4</u>
Numerator	<u>38,697</u>	<u>39,897</u>	<u>40,802</u>	<u>40,305</u>	<u>39,441</u>
Denominator	<u>49,204</u>	<u>50,622</u>	<u>52,164</u>	<u>52,157</u>	<u>51,603</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>77.1</u>	<u>78.3</u>	<u>78.3</u>	<u>78.3</u>	<u> </u>
Numerator	<u>26,240</u>	<u>27,692</u>	<u> </u>	<u> </u>	<u> </u>
Denominator	<u>34,033</u>	<u>35,371</u>	<u> </u>	<u> </u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>81.3</u>	<u>81.4</u>	<u>83.7</u>	<u>84.9</u>	<u> </u>
Numerator	<u>44,255</u>	<u>45,321</u>	<u>46,464</u>	<u>46,079</u>	<u> </u>
Denominator	<u>54,463</u>	<u>55,698</u>	<u>55,521</u>	<u>54,249</u>	<u> </u>
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>40.0</u>	<u>39.6</u>	<u>44.1</u>	<u>51.4</u>	<u>55.9</u>
Numerator	<u>37,066</u>	<u>39,212</u>	<u>47,640</u>	<u>53,786</u>	<u>58,755</u>
Denominator	<u>92,559</u>	<u>98,919</u>	<u>108,022</u>	<u>104,691</u>	<u>105,162</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>30.6</u>	<u>30.1</u>	<u>27.8</u>	<u>23.7</u>	<u>20.4</u>
Numerator	<u>3,762</u>	<u>3,587</u>	<u>3,308</u>	<u>2,754</u>	<u>2,230</u>
Denominator	<u>12,306</u>	<u>11,914</u>	<u>11,918</u>	<u>11,633</u>	<u>10,944</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
The denominator consists of those infants on the Medicaid recipient file(eligible) less than one as of the middle of the fiscal year. (Could have been born before the start of the fiscal year, but were still less than one in the fiscal year.)
The reported numbers are for FY. The data from previous years was updated from ORS, because this year they were able to use Medicaid data.
2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
There is not available data for 2001, 2002, 2003, because SCHIP enrollees are 1-18 years old.
3. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
The data for years 1999 and 2000 appeared wrong and it was revised .
Data for 2003 is not available.
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
Data provided by Lisa Vosburgh (CSHCN)

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: SC

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2002	Matching data files	<u>11.4</u>	<u>8.3</u>	<u>10</u>
b) <i>Infant deaths per 1,000 live births</i>	2002	Other	<u>0</u>	<u>0</u>	<u>9.3</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2002	Matching data files	<u>71.4</u>	<u>91.5</u>	<u>80.3</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2002	Matching data files	<u>56.4</u>	<u>94.5</u>	<u>76</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: SC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2003	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>150</u> _____ _____
c) <i>Pregnant Women</i>	2003	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: SC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>19</u>) (Age range _____ to _____) (Age range _____ to _____)	2003	<u>150</u> _____ _____
c) <i>Pregnant Women</i>		_____

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
The value of "o" to be considered not available.

2. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
21642/30295=0.716
Note: Number of matching babies w/ DOB falling within eligibility

3. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
14933/26467=0.564 number of matching mothers w/delivery date falling within eligibility.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: SC

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	2	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: SC

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Pediatric Nutrition Surveillance System (PedNSS)	3	Yes
WIC Program Data	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: SC

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	9.9	9.7	9.6	10.0	_____
Numerator	5,393	5,412	5,349	5,453	_____
Denominator	54,706	55,964	55,748	54,453	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.2	8.0	7.9	8.3	_____
Numerator	4,321	4,351	4,238	4,378	_____
Denominator	52,951	54,270	53,954	52,746	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	2.0	2.0	1.9	1.9	_____
Numerator	1,121	1,107	1,056	1,055	_____
Denominator	54,706	55,964	55,748	54,453	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	1.6	1.6	1.5	1.5	_____
Numerator	858	893	829	817	_____
Denominator	52,951	54,270	53,954	52,746	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	15.1	10.5	11.9	12.0	
Numerator	112	83	95	91	
Denominator	740,531	787,466	797,316	758,725	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	8.4	6.6	6.3	6.9	
Numerator	62	52	50	52	
Denominator	740,531	787,466	797,316	758,725	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	38.2	39.3	41.8	44.1	
Numerator	213	227	244	263	
Denominator	557,225	577,091	584,181	596,563	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	10,909.1	10,340.5	10,563.9	10,365.5	
Numerator	80,785	81,428	84,228	78,646	
Denominator	740,531	787,466	797,316	758,725	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>793.5</u>	<u>679.1</u>	<u>684.4</u>	<u>671.1</u>	<u> </u>
Numerator	<u>5,876</u>	<u>5,348</u>	<u>5,457</u>	<u>5,092</u>	<u> </u>
Denominator	<u>740,531</u>	<u>787,466</u>	<u>797,316</u>	<u>758,725</u>	<u> </u>
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>3,598.0</u>	<u>3,334.7</u>	<u>3,098.5</u>	<u>3,013.8</u>	<u> </u>
Numerator	<u>20,049</u>	<u>19,244</u>	<u>18,101</u>	<u>17,979</u>	<u> </u>
Denominator	<u>557,230</u>	<u>577,091</u>	<u>584,181</u>	<u>596,563</u>	<u> </u>
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>40.5</u>	<u>25.9</u>	<u>33.3</u>	<u>35.0</u>	<u>37.4</u>
Numerator	<u>5,633</u>	<u>3,750</u>	<u>4,808</u>	<u>5,118</u>	<u>5,177</u>
Denominator	<u>139,185</u>	<u>144,584</u>	<u>144,584</u>	<u>146,337</u>	<u>138,356</u>
Is the Data Provisional or Final?				Final	Final

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	<u>10.8</u>	<u>7.1</u>	<u>9.6</u>	<u>9.2</u>	<u>9.9</u>
Numerator	<u>8,028</u>	<u>5,319</u>	<u>7,084</u>	<u>6,921</u>	<u>7,519</u>
Denominator	<u>740,557</u>	<u>744,962</u>	<u>739,733</u>	<u>749,125</u>	<u>760,422</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
Data for 2003 is not available.
Data for 2001 appeared wrong and it was revised
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
The denominator for 2001 appeared wrong and it was corrected to reflect only singleton births < 1500
5. **Section Number:** Health Status Indicator #03A
Field Name: HSI03A
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
After the clarification from HRSA about this measure the data is changed to reflect the numbers only for children of age (1-14). Previous year data included infants.
6. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.

After the clarification from HRSA about this measure the data is changed to reflect the numbers only for children of age (1-14). Previous year data included infants.
7. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
8. **Section Number:** Health Status Indicator #04A
Field Name: HSI04A
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
The data for 1999, 2000, 2001 was revised . The numbers are changed after clarification from HRSA that the measure is for age group 1-14.
Previous data included "infants".
9. **Section Number:** Health Status Indicator #04B
Field Name: HSI04B
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
The data for 1999, 2000, 2001 was revised . The numbers are changed after clarification from HRSA that the measure is for age group 1-14.
Previous data included "infants".
10. **Section Number:** Health Status Indicator #04C
Field Name: HSI04C
Row Name:
Column Name:
Year: 2005
Field Note:
Data not available for 2003.
The denominators for 2000 and 2001 were revised to reflect the correct numbers for age group 15-24.

11. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The data for 2000, 2001 and 2002 is revised using more precise numbers.

Source: Division of Epidemiology (Terri Stephens) (the denominators are using CY data.)

12. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

The data for 2001 and 2002 is revised using more precise numbers.

Source: Division of Epidemiology (Terri Stephens)

For each reporting year:

The numerator is for FY

The denominator is for CY, but from the previous year.

Example: Year 2003

Numerator: Fiscal Year 2003

Denominator: Calendar Year 2002

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2000 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	53,947	31,924	18,156	199	500	24	1,296	1,848
Children 1 through 4	210,732	127,695	72,626	797	1,999	98	5,183	2,334
Children 5 through 9	285,243	167,546	106,110	1,007	2,296	115	4,904	3,265
Children 10 through 14	290,479	171,130	109,453	1,058	2,265	110	3,905	2,558
Children 15 through 19	295,377	176,916	106,301	1,201	2,779	140	3,626	4,414
Children 20 through 24	281,714	175,719	90,754	1,214	3,258	228	3,470	7,071
Children 0 through 24	1,417,492	850,930	503,400	5,476	13,097	715	22,384	21,490

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	52,045	1,902	
Children 1 through 4	203,122	7,610	
Children 5 through 9	277,609	7,634	
Children 10 through 14	284,151	6,328	
Children 15 through 19	285,571	9,806	
Children 20 through 24	267,061	14,653	
Children 0 through 24	1,369,559	47,933	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	465	152	305	6	2	0	0	0
Women 15 through 17	2,061	997	1,039	10	7	0	0	8
Women 18 through 19	4,932	2,615	2,256	19	29	2	0	11
Women 20 through 34	41,243	27,241	13,097	123	659	10	0	113
Women 35 or older	5,730	4,131	1,447	9	132	0	0	11
Women of all ages	54,431	35,136	18,144	167	829	12	0	143

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	420	36	9
Women 15 through 17	1,889	121	51
Women 18 through 19	4,455	337	140
Women 20 through 34	37,581	2,466	1,196
Women 35 or older	5,321	225	184
Women of all ages	49,666	3,185	1,580

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	507	208	288	0	7	0	0	4
Children 1 through 4	77	37	36	0	3	0	0	1
Children 5 through 9	50	26	21	0	3	0	0	0
Children 10 through 14	79	41	37	0	1	0	0	0
Children 15 through 19	264	152	109	0	3	0	0	0
Children 20 through 24	344	200	139	1	1	0	0	3
Children 0 through 24	1,321	664	630	1	18	0	0	8

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	472	17	18
Children 1 through 4	72	3	2
Children 5 through 9	45	2	3
Children 10 through 14	73	2	4
Children 15 through 19	243	12	9
Children 20 through 24	310	24	10
Children 0 through 24	1,215	60	46

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	1,135,778	675,211.0	412,646.0	4,262.0	9,839.0	487.0	18,914.0	14,419.0	2000
Percent in household headed by single parent	31.3	19.0	55.1	33.3	11.6	26.2	35.0	0	2000
Percent in TANF (Grant) families	3.2	1.4	6.3	1.6	0.6	2.8	0	4.1	2003
Number enrolled in Medicaid	549,833	210,672.0	298,945.0	962.0	0	0	0	39,254.0	2003
Number enrolled in SCHIP	80,113	33,098.0	43,915.0	138.0	0	0	0	2,962.0	2003
Number living in foster home care	4,839	2,005.0	2,601.0	6.0	5.0	6.0	125.0	91.0	2003
Number enrolled in food stamp program	260,707	78,659.0	176,796.0	569.0	546.0	112.0	0	4,025.0	2003
Number enrolled in WIC	72,661	29,768.0	42,048.0	144.0	0	52.0	529.0	120.0	2003
Rate (per 100,000) of juvenile crime arrests	3,941.1	3,122.5	5,567.9	1,547.6	818.2	0	0	0	2002
Percentage of high school drop-outs (grade 9 through 12)	3.3	3.1	3.7	0	2.3	0	0	0	2002

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	1,102,498.0	33,280.0	0	2000
Percent in household headed by single parent	31.4	26.2	0	2000
Percent in TANF (Grant) families	3.2	1.7	0	2003
Number enrolled in Medicaid	0	14,817.0	538,875.0	2003
Number enrolled in SCHIP	0	48.0	3,811.0	2003
Number living in foster home care	4,622.0	96.0	121.0	2003
Number enrolled in food stamp program	256,682.0	4,025.0	0	2003
Number enrolled in WIC	65,936.0	6,725.0	0	2003
Rate (per 100,000) of juvenile crime arrests	3,964.1	2,305.5	0	2003
Percentage of high school drop-outs (grade 9 through 12)	96.1	3.9	0	2002

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	789,979
Living in urban areas	679,352
Living in rural areas	454,628
Living in frontier areas	0
Total - all children 0 through 19	1,133,980

Note:
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	4,012,012.0
Percent Below: 50% of poverty	6.5
100% of poverty	14.1
200% of poverty	33.5

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: SC**

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	1,133,980.0
Percent Below: 50% of poverty	9.1
100% of poverty	19.0
200% of poverty	43.0

FORM NOTES FOR FORM 21

HSI : 07A: The total number of women of all ages is actually 54453. Where 22 of them are with unknown age. 16 of these with unknown age are white and 6 are black.

HSI #06A : The reported data is for 2000 and this is the most recent data available from ORS (Diana Tester)

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2005
Field Note:
As denominator we used the population numbers for year 2000 from Census data.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2005
Field Note:
Values of 0 to be considered N A.
3. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Values of 0 to be considered N A.
Total number of enrolled in SCHIP obtained from SC DHHS. They do not have reports by race.
The numbers in the race categories are estimated from the percentages of SCHIP eligibles for the different race groups on July 1 of FY 2003 (data from ORS)
4. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2005
Field Note:
Values of 0 to be considered N A.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2005
Field Note:
Data is for all children and infants actually receiving WIC vouchers in February 2003. (MCH data)
6. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2005
Field Note:
Values of 0 to be considered N A.
7. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2005
Field Note:
Values of 0 to be considered N A.
Reporting year is School Year 2001-2002
8. **Section Number:** Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2005
Field Note:
Value of "0" to be considered NA The ORS data counts only cases reported as "hispanic or latino" and all others - with no reported ethnicity
9. **Section Number:** Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2005
Field Note:
Value of "0" to be considered NA The ORS data counts only cases reported as "hispanic or latino" and all others - with no reported ethnicity
10. **Section Number:** Indicator 09B
Field Name: HSIethnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2005
Field Note:
Data is for all children and infants actually receiving WIC vouchers in February 2003. (MCH - data)
11. **Section Number:** Indicator 09B
Field Name: HSIethnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:

Year: 2005

Field Note:

Values of 0 to be considered N A.

Reporting year is School Year 2001-2002

12. **Section Number:** Indicator 10

Field Name: Frontier

Row Name: Living in frontier areas

Column Name:

Year: 2005

Field Note:

Values of 0 to be considered N A.